

B1 (Official Form 1) (04/13)

United States Bankruptcy Court WESTERN DISTRICT OF VIRGINIA LYNCHBURG DIVISION				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Wiley-Smith, Cynthia Cole			Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-8503			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):		
Street Address of Debtor (No. and Street, City, and State): 310 Quail Meadows Drive Forest, VA			Street Address of Joint Debtor (No. and Street, City, and State):		
ZIP CODE 24551			ZIP CODE		
County of Residence or of the Principal Place of Business: Bedford			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address): 310 Quail Meadows Drive Forest, VA			Mailing Address of Joint Debtor (if different from street address):		
ZIP CODE 24551			ZIP CODE		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIP CODE					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					THIS SPACE IS FOR COURT USE ONLY
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Cynthia Cole Wiley-Smith	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p style="text-align: right;"> X <u>/s/ Janice Hansen for Cox Law Group, PLLC</u> 1/22/2015 Janice Hansen for Cox Law Group, PLLC Date </p>	
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No.</p>			
<p style="text-align: center;">Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.</p>			
<p style="text-align: center;">Information Regarding the Debtor - Venue (Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p style="text-align: center;">Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Name of landlord that obtained judgment)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Address of landlord)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>			

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **Cynthia Cole Wiley-Smith****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Cynthia Cole Wiley-Smith**Cynthia Cole Wiley-Smith****X** _____

Telephone Number (If not represented by attorney)

1/22/2015

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney***X** /s/ Janice Hansen for Cox Law Group, PLLC**Janice Hansen for Cox Law Gro Bar No. 66603****Cox Law Group, PLLC****900 Lakeside Drive****Lynchburg, VA 24501-3602**Phone No. (434) 845-2600 Fax No. (434) 845-07271/22/2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- ☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ Cynthia Cole Wiley-Smith**
Cynthia Cole Wiley-Smith

Date: **1/22/2015**

B6A (Official Form 6A) (12/07)

In re **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
310 Quail Meadows Drive Forest, VA 24551 CTA Value \$312,300.00 Tax Map ID# 99A 3 6 Bedford County Note: Joint with separated husband, Debtor's 1/2 interest of \$312,300.00 is \$156,150.00; Subject to lien in husband's name only of approximately \$255,000.00	Joint Tenancy	J	\$312,300.00	\$0.00
Total:			\$312,300.00	

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re **Cynthia Cole Wiley-Smith**Case No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		Cash	W	\$10.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Woodforest (Checking)	W	\$200.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video and computer equipment.		1 Sofa/Couch, 1 Kitchen Table, 1 Recliner Chair, 1 Desk, 2 Other Tables, 1 Bed, 2 Other Bedroom Furniture, 1 Computer, 2 Lamps	W	\$1,100.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Women's Clothing	W	\$500.00
7. Furs and jewelry.		1 Wedding Ring	W	\$200.00
		3 Earrings, 1 Necklace, 1 Watch	W	\$40.00
8. Firearms and sports, photographic, and other hobby equipment.		1 Treadmill	W	\$150.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **Cynthia Cole Wiley-Smith**Case No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 1*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life insurance policy, no cash value.	W	\$1.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) ERISA	W	\$197.00
13. Stock and interests in incorpo- rated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non- negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.		Child Support owed \$16,000.00	W	\$16,000.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **Cynthia Cole Wiley-Smith**Case No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		Potential funds due to Debtor, unknown at this time, including State & Federal tax refunds, possible garnishment funds, insurance proceeds, proceeds related to claims or causes of action that may be asserted by the Debtor any claim for earned but unpaid wages and/or inheritance.	W	\$1.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Cynthia Cole Wiley-Smith**Case No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		Note: Vehicles in separated husband's name only.	W	\$0.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		2 Cats, 1 Dog	W	\$30.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 4

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.	X			
Total >				\$18,429.00

_____**4**____ continuation sheets attached
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (4/13)

In re **Cynthia Cole Wiley-Smith**Case No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)
- ☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
310 Quail Meadows Drive Forest, VA 24551 CTA Value \$312,300.00 Tax Map ID# 99A 3 6 Bedford County Note: Joint with separated husband, Debtor's 1/2 interest of \$312,300.00 is \$156,150.00; Subject to lien in husband's name only of approximately \$255,000.00	Va. Code Ann. § 34-4	\$1.00	\$312,300.00
Cash	Va. Code Ann. § 34-4	\$10.00	\$10.00
Woodforest (Checking)	Va. Code Ann. § 34-4	\$200.00	\$200.00
1 Sofa/Couch, 1 Kitchen Table, 1 Recliner Chair, 1 Desk, 2 Other Tables, 1 Bed, 2 Other Bedroom Furniture, 1 Computer, 2 Lamps	Va. Code Ann. § 34-26(4a)	\$1,100.00	\$1,100.00
Women's Clothing	Va. Code Ann. § 34-26(4)	\$500.00	\$500.00
1 Wedding Ring	Va. Code Ann. § 34-26(1a)	\$200.00	\$200.00
3 Earrings, 1 Necklace, 1 Watch	Va. Code Ann. § 34-4	\$40.00	\$40.00
1 Treadmill	Va. Code Ann. § 34-4	\$150.00	\$150.00
Term life insurance policy, no cash value.	Va. Code Ann. § 34-4	\$1.00	\$1.00
401(k) ERISA	Va. Code Ann. § 34-4	\$1.00	\$197.00
	Va. Code Ann. § 34-34	\$1.00	
* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.		\$2,204.00	\$314,698.00

B6C (Official Form 6C) (4/13) -- Cont.

In re **Cynthia Cole Wiley-Smith**Case No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT***Continuation Sheet No. 1*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Child Support owed \$16,000.00 Potential funds due to Debtor, unknown at this time, including State & Federal tax refunds, possible garnishment funds, insurance proceeds, proceeds related to claims or causes of action that may be asserted by the Debtor any claim for earned but unpaid wages and/or inheritance. Note: Vehicles in separated husband's name only. 2 Cats, 1 Dog	11 U.S.C. § 522(b)(3)(C)	\$197.00	
	Va. Code Ann. § 20-108.1(G)	\$16,000.00	\$16,000.00
	Va. Code Ann. § 34-4	\$1.00	\$1.00
	Va. Code Ann. § 34-26(8)	\$0.00	\$0.00
	Va. Code Ann. § 34-4	\$0.00	
	Va. Code Ann. § 34-26(5)	\$30.00	\$30.00
		\$18,432.00	\$330,729.00

B6D (Official Form 6D) (12/07)

In re **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Subtotal (Total of this Page) >						\$0.00	\$0.00
Total (Use only on last page) >						\$0.00	\$0.00

_____ **No** _____ continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (04/13)

In re **Cynthia Cole Wiley-Smith**

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☒ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).
- ☐ **Administrative allowances under 11 U.S.C. Sec. 330**
Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

** Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

1 continuation sheets attached

B6E (Official Form 6E) (04/13) - Cont.

In re **Cynthia Cole Wiley-Smith**Case No. _____
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Taxes and Certain Other Debts Owed to Governmental Units
------------------	--

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: 8503 Internal Revenue Service*** P O Box 7346 Philadelphia, PA 19114-7346	W	DATE INCURRED: 2013 CONSIDERATION: Federal Income Taxes REMARKS:				\$3,000.00	\$3,000.00	\$0.00
ACCT #: 8503 Va Department Of Taxation* Bankruptcy Unit P O Box 2156 Richmond, VA 23218-0000	W	DATE INCURRED: CONSIDERATION: State Income Taxes REMARKS:			X	\$1.00	\$1.00	\$0.00
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims						\$3,001.00	\$3,001.00	\$0.00
Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						\$3,001.00		
Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							\$3,001.00	\$0.00

B6F (Official Form 6F) (12/07)

In re **Cynthia Cole Wiley-Smith**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxx4628 Affiliatedcr 176 Thompson Lane Nashville, TN 37211	W	DATE INCURRED: CONSIDERATION: Open Account REMARKS:				\$1,309.00
Representing: Affiliatedcr		National Educational Music PO Box 1130 1181 Route 22 Mountainside, NJ 07092				Notice Only
ACCT #: xxxxxxxx7200 Bonaventure Property 3310 Old Courthouse Road North Chesterfield, VA 23236	W	DATE INCURRED: 2008 CONSIDERATION: Open Account REMARKS:				\$1,035.00
ACCT #: xxxxxxxx/xxxx/xxxx/xxxx/xxxx/ Bulldcity Financial Sol 1107 W Main St Ste 201 Durham, NC 27701	W	DATE INCURRED: 09/2013 CONSIDERATION: Medical REMARKS:				\$2,739.00
Representing: Bulldcity Financial Sol		UVA Physicians Group PO Box 9007 Charlottesville, VA 22906-9007				Notice Only
ACCT #: xx1075 County Credit Bureau CCB/Attn:Collections PO Box 89 Crawfordsville, IN 47933	W	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$1,565.00
Subtotal >						\$6,648.00
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

7 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.
In re **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: County Credit Bureau		Keeney Ambulance 1600 Kepner Dr Lafayette, IN 47905				Notice Only
ACCT #: xxxxxxxxxxx/xxxx/xxxx/xxxx/4294 Credit Control Corp 11821 Rock Landing Dr Newport News, VA 23606	W	DATE INCURRED: 2009 CONSIDERATION: Medical REMARKS:				\$850.00
Representing: Credit Control Corp		Chesapeake General Hospital 736 Battlefield Blvd., North Chesapeake, VA 23320				Notice Only
ACCT #: xxxxxx2169 Credit Control Corp 11821 Rock Landing Dr Newport News, VA 23606	W	DATE INCURRED: 2010 CONSIDERATION: Medical REMARKS:				\$125.00
Representing: Credit Control Corp		CSG Cardiology 601 Children's Lane, 2nd Floor Norfolk, VA 23507				Notice Only
ACCT #: xxxxxxxxxxx/xxxx/xxxx/xxxx/474 Creditors Collection S PO Box 21504 Roanoke, VA 24018	W	DATE INCURRED: 06/2014 CONSIDERATION: Medical REMARKS:				\$9,827.00
Sheet no. <u>1</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >
						\$10,802.00
						Total >
						(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.
In re **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: Creditors Collection S		Centra Health * 1204 Fenwick Drive Lynchburg, VA 24502-0000				Notice Only
ACCT #: xxxxxx3639 Daniel S. Keeton 2044 John Rolfe Parkway Richmond, VA 23232	W	DATE INCURRED: 2013 CONSIDERATION: Open Account REMARKS:				\$1,150.00
ACCT #: xxxxxxxxxxxxxxxxxxxx0120 Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773	W	DATE INCURRED: 01/2014 CONSIDERATION: Student Loan REMARKS:				\$75,492.00
ACCT #: xxxxxxxxxxxxxx7201 Eastern Account System INC. Attn: Bankruptcy Dept. PO Box 837 Newtown, CT 06470	W	DATE INCURRED: 09/2013 CONSIDERATION: Open Account REMARKS:				\$173.00
Representing: Eastern Account System INC.		Comcast 8110 Corporate Drive Nottingham, MD 21236				Notice Only
ACCT #: xxxxxxxxxxxxxx4761 Equidata 724 Thimble Shoals Blvd Newport News, VA 23606	W	DATE INCURRED: CONSIDERATION: Open Account REMARKS:				\$226.00
Sheet no. <u>2</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$77,041.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.
In re **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM					
Representing: Equidata		Med Surg Eye Specialists 6315 North Center Drive #20 Rivanna Building Suite 230 Norfolk, VA 23502				Notice Only					
ACCT #: xxxxxxxxxxxx1287	W	DATE INCURRED: 04/2013 CONSIDERATION: Medical REMARKS:				\$188.00					
Equidata 724 Thimble Shoals Blvd Newport News, VA 23606											
Representing: Equidata		Medical Center Radiologist 5544 Greenwich Road #200 Virginia Beach, VA 23462				Notice Only					
ACCT #: xxxxxx0797	W	DATE INCURRED: 2012 CONSIDERATION: Open Account REMARKS:				\$8,205.00					
F & S Financial 1400 Richmond Road Charlottesville, VA 22911-0000											
ACCT #: xxxxxx6149	W	DATE INCURRED: 2011 CONSIDERATION: Open Account REMARKS:				\$4,400.00					
Frank Hardy Inc 417 Park Street Charlottesville, VA 22902											
ACCT #: xxxxxxxxxxxx0691	W	DATE INCURRED: 2012 CONSIDERATION: Medical REMARKS:				\$286.00					
Gla Collection Co Inc C/O IU Dept of OB Gyn 2630 Gleeson Ln Louisville, KY 40299											
Sheet no. <u>3</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >					
						\$13,079.00					
						Total >					
						(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					

B6F (Official Form 6F) (12/07) - Cont.
In re **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxx1001 IC System Attn: Bankruptcy 444 Highway 96 East; PO Box 64378 St. Paul, MN 55164	W	DATE INCURRED: 2012 CONSIDERATION: Open Account REMARKS:				\$259.00
Representing: IC System		Cox Communication PO Box 13726 Roanoke, VA 24036-0000				Notice Only
ACCT #: xxxxxxx0001 IC System Attn: Bankruptcy 444 Highway 96 East; PO Box 64378 St. Paul, MN 55164	W	DATE INCURRED: 2010 CONSIDERATION: Medical REMARKS:				\$52.00
Representing: IC System		Ophthalmic Conslts-Tidewater 109 Wimbledon Sq Ste E Chesapeake, VA 23320				Notice Only
ACCT #: xxxxxxx/xxx/8389 JI Walston 326 S Main St Emporia, VA 23847	W	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$365.00
Representing: JI Walston		EVMS Health Services 4111 Monarch Way Norfolk, VA 23508				Notice Only
Sheet no. <u>4</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >
						\$676.00
						Total >
						(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.
In re **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 8503 Lynchburg Anesthesia Associates Inc PO Box 35602 Richmond, VA 23235	W	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$1,200.00
ACCT #: xxxxxx1067 Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123	W	DATE INCURRED: 2009 CONSIDERATION: Credit Card REMARKS:				\$1,119.00
Representing: Midland Funding		Tribute Mastercard PO Box 105374 Atlanta, GA 30348				Notice Only
ACCT #: xxxxxx0652 Midland Funding 8875 Aero Drive Suite 200 San Diego, CA 92123	W	DATE INCURRED: 2011 CONSIDERATION: Open Account REMARKS:				\$987.00
ACCT #: xxxxxxxxxxxx3273 Navient Po Box 9655 Wilkes Barre, PA 18773	W	DATE INCURRED: 2005 CONSIDERATION: Student Loan REMARKS:				\$7,001.00
ACCT #: xxxxxxxxxxxx3052 Online Collections Po Box 1489 Winterville, NC 28590	W	DATE INCURRED: 06/2013 CONSIDERATION: Open Account REMARKS:				\$324.00
Sheet no. <u>5</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$10,631.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.
In re **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: Online Collections		Duke Energy PO Box 69 Columbus, OH 43211				Notice Only
ACCT #: 8503 Orthopaedic Center of Central Va 2405 Atherholt Rd. Lynchburg, VA 24501	W	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$370.00
ACCT #: xxxxxxxxxxxx4332 Public Savings Bank 1 Church St Rockville, MD 20850	W	DATE INCURRED: 2011 CONSIDERATION: Credit Card REMARKS:				\$135.00
ACCT #: xxx0489 Statewide Credit Association PO Box 20508 Indianapolis, IN 46220	W	DATE INCURRED: CONSIDERATION: Open Account REMARKS:				\$315.00
Representing: Statewide Credit Association		Lake Dermatology Inc 15 Executive Drive Suite 4 Lafayette, IN 47905				Notice Only
ACCT #: xxxx4262 Stellar Recovery Inc 4500 Salisbury Rd Ste 10 Jacksonville, FL 32216	W	DATE INCURRED: 10/2013 CONSIDERATION: Open Account REMARKS:				\$50.00
Sheet no. 6 of 7 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >
						\$870.00
						Total >
						(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)

In re **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1	Cynthia	Cole	Wiley-Smith
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF VIRGINIA		
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
☐ Not employed

Occupation**Rehab Director****Employer's name****Heritage Rehab****Employer's address****536 Old Howell Rd**

Number Street

Debtor 2 or non-filing spouse

- ☐ Employed
☒ Not employed

Number Street

Greenville SC 29615

City State Zip Code

City State Zip Code

How long employed there? **2.5 Years****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$5,408.20	\$0.00
3. Estimate and list monthly overtime pay.	+ \$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	\$5,408.20	\$0.00

Debtor 1 **Cynthia** **Cole** **Wiley-Smith** Case number (if known) _____
 First Name Middle Name Last Name

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here ➔	4.	\$5,408.20	\$0.00	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$1,470.76	\$0.00	
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
5e. Insurance	5e.	\$0.00	\$0.00	
5f. Domestic support obligations	5f.	\$0.00	\$0.00	
5g. Union dues	5g.	\$0.00	\$0.00	
5h. Other deductions. Specify: _____	5h. +	\$0.00	\$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$1,470.76	\$0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,937.44	\$0.00	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00	
8b. Interest and dividends	8b.	\$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00	
8d. Unemployment compensation	8d.	\$0.00	\$0.00	
8e. Social Security	8e.	\$0.00	\$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00	
8g. Pension or retirement income	8g.	\$0.00	\$0.00	
8h. Other monthly income. Specify: Part-Time Job	8h. +	\$652.39	\$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$652.39	\$0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$4,589.83	+	\$0.00
			=	\$4,589.83
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____				
	11.	+	\$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12.	\$4,589.83		
				Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?				
<input type="checkbox"/> No.				
<input checked="" type="checkbox"/> Yes. Explain: Debtor ordered to receive child support but currently not receiving. Separated spouse has been paying the mortgage. Mortgage in his name alone.				

Debtor 1 **Cynthia** **Cole** **Wiley-Smith** Case number (if known) _____
First Name Middle Name Last Name

1. Additional Employers Debtor 1

Debtor 2 or non-filing spouse

Occupation	Speech Therapist	_____
Employer's name	Genesis Rehab	_____
Employer's address	11 East State Street	_____
	_____	_____
	Kennett Square	PA 19348
	City	State Zip Code
How long employed there?	2.5 Years	_____

Fill in this information to identify your case:

Debtor 1	<u>Cynthia</u>	<u>Cole</u>	<u>Wiley-Smith</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF VIRGINIA</u>		
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Son</u>	<u>15</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Son</u>	<u>6</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

- 3. Do your expenses include expenses of people other than yourself and your dependents?**
- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

Your expenses

- 4. The rental or home ownership expenses for your residence.**
Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4.	_____
4a.	_____
4b.	_____
4c.	<u>\$80.00</u>
4d.	_____

Debtor 1 **Cynthia** **Cole** **Wiley-Smith** Case number (if known) _____
 First Name Middle Name Last Name

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$530.00
6b. Water, sewer, garbage collection	6b.	_____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	_____
6d. Other. Specify: Cell Phone(s)	6d.	\$160.00
7. Food and housekeeping supplies	7.	\$800.00
8. Childcare and children's education costs	8.	\$500.00
9. Clothing, laundry, and dry cleaning (See continuation sheet(s) for details)	9.	\$200.00
10. Personal care products and services	10.	\$75.00
11. Medical and dental expenses (See continuation sheet(s) for details)	11.	\$180.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$300.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100.00
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$10.00
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	_____
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	_____
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: Student Loans	17c.	\$534.00
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

Debtor 1 **Cynthia** **Cole** **Wiley-Smith** Case number (if known) _____
 First Name Middle Name Last Name

21. Other. Specify: See continuation sheet	21.	+	\$180.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22.		\$3,649.00
23. Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		\$4,589.83
23b. Copy your monthly expenses from line 22 above.	23b.	-	\$3,649.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.		\$940.83

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

Note: Separated husband pays mortgage, Debtor paying cable, internet, groceries & tuition.
Note: Debtor's mom lives with debtor, receives social security and pays her own bills.

Debtor 1 **Cynthia** **Cole** **Wiley-Smith** Case number (if known) _____
First Name Middle Name Last Name

9. Clothing, laundry, and dry cleaning (details):

Laundry/Dry Cleaning

\$50.00

Clothing

\$150.00

Total:

\$200.00

11. Medical and dental (details):

Medical/Dental

\$150.00

Prescriptions

\$30.00

Total:

\$180.00

21. Other. Specify:

Pet Care & Food

\$80.00

Emergency Fund

\$100.00

Total:

\$180.00

B 6 Summary (Official Form 6 - Summary) (12/14)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re **Cynthia Cole Wiley-Smith**

Case No.

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$312,300.00	<div><div>\$0.00</div><div>\$3,001.00</div><div>\$122,673.00</div></div>	
B - Personal Property	Yes	5	\$18,429.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1			
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2			
F - Creditors Holding Unsecured Nonpriority Claims	Yes	8			
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			\$4,589.83
J - Current Expenditures of Individual Debtor(s)	Yes	4			\$3,649.00
TOTAL		28	\$330,729.00	\$125,674.00	

B 6 Summary (Official Form 6 - Summary) (12/14)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re **Cynthia Cole Wiley-Smith**

Case No.

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$3,001.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$82,493.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$85,494.00

State the following:

Average Income (from Schedule I, Line 12)	\$4,589.83
Average Expenses (from Schedule J, Line 22)	\$3,649.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	\$7,558.26

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$3,001.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$122,673.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$122,673.00

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ **30** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **1/22/2015**

Signature **/s/ Cynthia Cole Wiley-Smith**
Cynthia Cole Wiley-Smith

Date _____

Signature _____

[If joint case, both spouses must sign.]

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **Cynthia Cole Wiley-Smith**Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$76,138.00	Income 2013
\$76,490.00	Income 2014
\$3,000.00	Income 2015

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors**Complete a. or b., as appropriate, and c.**

None ☒ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
UVA V. Cynthia Cole Wiley-Smith	Warrant in Debt	Lynchburg General District Court	Pending

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 1

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE
Cox Law Group, PLLC
900 Lakeside Drive
Lynchburg, VA 24501-3602

DATE OF PAYMENT,
NAME OF PAYER IF
OTHER THAN DEBTOR
01/22/2015

AMOUNT OF MONEY OR DESCRIPTION
AND VALUE OF PROPERTY
See Exhibit A to Form 2016

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **Cynthia Cole Wiley-Smith**Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 2

10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**NAME AND ADDRESS OF TRANSFEREE,
RELATIONSHIP TO DEBTOR**
Unrelated Third Party

DATE
2014

**DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED**
2005 Chevrolet Impala
\$2500.00

None ☒ b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 3

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or
☒ potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.
☒ Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is
☒ or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None
☒ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

None
☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 4

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement ONLY if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☒ a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.
- None ☒ b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.
- None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.
- None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within TWO YEARS immediately preceding the commencement of this case.

20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.
- None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.
- None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the commencement of this case.
- None ☒ b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately preceding the commencement of this case.

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 5

23. Withdrawals from a partnership or distributions by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the commencement of this case.

24. Tax Consolidation Group

None ☒ If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of the case.

25. Pension Funds

None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within SIX YEARS immediately preceding the commencement of the case.

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re: **Cynthia Cole Wiley-Smith**

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 6

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 1/22/2015

Signature /s/ Cynthia Cole Wiley-Smith
of Debtor Cynthia Cole Wiley-Smith

Date _____

Signature _____
of Joint Debtor
(if any)

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
18 U.S.C. §§ 152 and 3571*

B 201B (Form 201B) (12/09)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

In re **Cynthia Cole Wiley-Smith**

Case No. _____

Chapter 13

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

<u>Cynthia Cole Wiley-Smith</u>	X <u>/s/ Cynthia Cole Wiley-Smith</u>	<u>1/22/2015</u>
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known) _____	X _____	_____
	Signature of Joint Debtor (if any)	Date

Certificate of Compliance with § 342(b) of the Bankruptcy Code

I, Janice Hansen for Cox Law Group, PLLC, counsel for Debtor(s), hereby certify that I delivered to the Debtor(s) the Notice required by § 342(b) of the Bankruptcy Code.

/s/ Janice Hansen for Cox Law Group, PLLC

Janice Hansen for Cox Law Group, PLLC, Attorney for Debtor(s)

Bar No.: 66603

Cox Law Group, PLLC

900 Lakeside Drive

Lynchburg, VA 24501-3602

Phone: (434) 845-2600

Fax: (434) 845-0727

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) ONLY if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a JOINT CASE (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days BEFORE the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income
(\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION

IN RE: Cynthia Cole Wiley-Smith

CASE NO

CHAPTER 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<u>\$2,900.00</u>
Prior to the filing of this statement I have received:	<u>\$0.00</u>
Balance Due:	<u>\$2,900.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify)

To be paid by the Chapter 13 Trustee. See Exhibit A.

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

1/22/2015

Date

/s/ Janice Hansen for Cox Law Group, PLLC

Janice Hansen for Cox Law Group, PLLC Bar No. 66603
Cox Law Group, PLLC
900 Lakeside Drive
Lynchburg, VA 24501-3602
Phone: (434) 845-2600 / Fax: (434) 845-0727

/s/ Cynthia Cole Wiley-Smith

Cynthia Cole Wiley-Smith

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION**

IN RE: **Cynthia Cole Wiley-Smith**

CASE NO

CHAPTER **13**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 1/22/2015

Signature /s/ Cynthia Cole Wiley-Smith
Cynthia Cole Wiley-Smith

Date _____

Signature _____

Affiliatedcr
176 Thompson Lane
Nashville, TN 37211

Bonaventure Property
3310 Old Courthouse Road
North Chesterfield, VA 23236

Bullcity Financial Sol
1107 W Main St Ste 201
Durham, NC 27701

Centra Health *
1204 Fenwick Drive
Lynchburg, VA 24502-0000

Chesapeake General Hospital
736 Battlefield Blvd., North
Chesapeake, VA 23320

Comcast
8110 Corporate Drive
Nottingham, MD 21236

County Credit Bureau
CCB/Attn:Collections
PO Box 89
Crawfordsville, IN 47933

Cox Communication
PO Box 13726
Roanoke, VA 24036-0000

Credit Control Corp
11821 Rock Landing Dr
Newport News, VA 23606

Creditors Collection S
PO Box 21504
Roanoke, VA 24018

CSG Cardiology
601 Children's Lane, 2nd Floor
Norfolk, VA 23507

Daniel S. Keeton
2044 John Rolfe Parkway
Richmond, VA 23232

Dept Of Ed/navient
Po Box 9635
Wilkes Barre, PA 18773

Duke Energy
PO Box 69
Columbus, OH 43211

Eastern Account System INC.
Attn: Bankruptcy Dept.
PO Box 837
Newtown, CT 06470

Equidata
724 Thimble Shoals Blvd
Newport News, VA 23606

EVMS Health Services
4111 Monarch Way
Norfolk, VA 23508

F & S Financial
1400 Richmond Road
Charlottesville, VA 22911-0000

Frank Hardy Inc
417 Park Street
Charlottesville, VA 22902

Gla Collection Co Inc
C/O IU Dept of OB Gyn
2630 Gleeson Ln
Louisville, KY 40299

IC System
Attn: Bankruptcy
444 Highway 96 East; PO Box 64378
St. Paul, MN 55164

Internal Revenue Service***
P O Box 7346
Philadelphia, PA 19114-7346

Jl Waltson
326 S Main St
Emporia, VA 23847

Keeney Ambulance
1600 Kepner Dr
Lafayette, IN 47905

Lake Dermatology Inc
15 Executive Drive Suite 4
Lafayette, IN 47905

Lynchburg Anesthesia Associates Inc
PO Box 35602
Richmond, VA 23235

Med Surg Eye Specialists
6315 North Center Drive
#20 Rivanna Building
Suite 230
Norfolk, VA 23502

Medical Center Radiologist
5544 Greenwich Road #200
Virginia Beach, VA 23462

Midland Funding
8875 Aero Dr Ste 200
San Diego, CA 92123

Midland Funding
8875 Aero Drive Suite 200
San Diego, CA 92123

National Educational Music
PO Box 1130
1181 Route 22
Mountainside, NJ 07092

Navient
Po Box 9655
Wilkes Barre, PA 18773

Online Collections
Po Box 1489
Winterville, NC 28590

Ophthalmic Conslts-Tidewater
109 Wimbledon Sq Ste E
Chesapeake, VA 23320

Orthopaedic Center of Central Va
2405 Atherholt Rd.
Lynchburg, VA 24501

Public Savings Bank
1 Church St
Rockville, MD 20850

Statewide Credit Association
PO Box 20508
Indianapolis, IN 46220

Stellar Recovery Inc
4500 Salisbury Rd Ste 10
Jacksonville, FL 32216

The Rector and Visitor of the UVA
PO Box 800750
Charlottesville, VA 22903

Tidewater Emergency Medical Care
Chesapeake General Hospital
736 Battlefield Blvd., North
Chesapeake, VA 23320

Tribute
Po Box 105555
Atlanta, GA 30348

Tribute Mastercard
PO Box 105374
Atlanta, GA 30348

UVA Physicians Group
PO Box 9007
Charlottesville, VA 22906-9007

Va Department Of Taxation*
Bankruptcy Unit
P O Box 2156
Richmond, VA 23218-0000

Verizon
500 Technology Dr Ste 30
Weldon Spring, MO 63304

Fill in this information to identify your case:

Debtor 1	<u>Cynthia</u>	<u>Cole</u>	<u>Wiley-Smith</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF VIRGINIA</u>			
Case number			
(if known)			

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filingOfficial Form 22C-1**Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period****12/14**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income**1. What is your marital and filing status?** Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$7,558.26</u>	<u>\$0.00</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	<u>\$0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	<u>\$0.00</u>	
Ordinary and necessary operating expenses	<u>— \$0.00</u>	
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	
	Copy here →	
	<u>\$0.00</u>	<u>\$0.00</u>
6. Net income from rental and other real property		
Gross receipts (before all deductions)	<u>\$0.00</u>	
Ordinary and necessary operating expenses	<u>— \$0.00</u>	
Net monthly income from rental or other real property	<u>\$0.00</u>	
	Copy here →	
	<u>\$0.00</u>	<u>\$0.00</u>
7. Interest, dividends, and royalties	<u>\$0.00</u>	<u>\$0.00</u>

Debtor 1 **Cynthia** **Cole** **Wiley-Smith**
 First Name Middle Name Last Name

Case number (if known) _____

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:↓

For you..... **\$0.00**

For your spouse..... **\$0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. _____

10b. _____

10c. Total amounts from separate pages, if any.

11. Calculate your total average monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$0.00	\$0.00

+	_____	+	_____	=	\$7,558.26	+	\$0.00	=	\$7,558.26
									Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. **\$7,558.26**

13. Calculate the marital adjustment. Check one:

- ☐ You are not married. Fill in 0 in line 13d.
- ☐ You are married and your spouse is filing with you. Fill in 0 in line 13d.
- ☒ You are married and your spouse is not filing with you.
 Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 on line 13d.

13a. _____

13b. _____

13c. _____

13d. Total..... **\$0.00** Copy here.....→..... 13d. - **\$0.00**

14. Your current monthly income. Subtract line 13d from line 12. 14. **\$7,558.26**

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → 15a. **\$7,558.26**

Multiply line 15a by 12 (the number of months in a year). X 12

15b. The result is your current monthly income for the year for this part of the form. 15b. **\$90,699.12**

Debtor 1 **Cynthia** **Cole** **Wiley-Smith** Case number (if known) _____
 First Name Middle Name Last Name

16. Calculate the median family income that applies to you. Follow these steps:

- 16a. Fill in the state in which you live. Virginia
- 16b. Fill in the number of people in your household. 3
- 16c. Fill in the median family income for your state and size of household..... 16c. \$75,044.00
 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

- 17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out Calculation of Disposable Income (Official Form 22C-2).
- 17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. 18. \$7,558.26

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

If the marital adjustment does not apply, fill in 0 on line 19a. 19a. — \$0.00

Subtract line 19a from line 18. 19b. \$7,558.26

20. Calculate your current monthly income for the year. Follow these steps:

- 20a. Copy line 19b 20a. \$7,558.26
 Multiply by 12 (the number of months in a year). **X 12**
- 20b. The result is your current monthly income for the year for this part of the form. 20b. \$90,699.12
- 20c. Copy the median family income for your state and size of household from line 16c. 20c. \$75,044.00

21. How do the lines compare?

- ☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- ☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Cynthia Cole Wiley-Smith
Cynthia Cole Wiley-Smith

Date 1/22/2015
 MM / DD / YYYY

X _____
 Signature of Debtor 2

Date _____
 MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1	Cynthia	Cole	Wiley-Smith
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA			
Case number (if known)			

☐ Check if this is an amended filing**Official Form 22C-2****Chapter 13 Calculation of Your Disposable Income****12/14**

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3**National Standards**

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. **\$1,249.00**

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person **\$60.00**

7b. Number of people who are under 65 X **3**

7c. **Subtotal.** Multiply line 7a by line 7b. **\$180.00**

Copy line 7c
here →

\$180.00**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person **\$144.00**

7e. Number of people who are 65 or older X

7f. **Subtotal.** Multiply line 7d by line 7e. **\$0.00**

Copy line 7f
here →

\$0.00

7g. **Total.** Add lines 7c and 7f.....

\$180.00

Copy total
here → 7g.

\$180.00

Debtor 1 **Cynthia** **Cole** **Wiley-Smith** Case number (if known) _____
 First Name Middle Name Last Name

Local Standards

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities -- Insurance and operating expenses
- Housing and utilities -- Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities -- Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$481.00

9. **Housing and utilities -- Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$1,114.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
----------------------	-------------------------

_____	_____
_____	_____
_____	_____

9b. Total average monthly payment

\$0.00 Copy line 9b here →

— \$0.00

Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$1,114.00 Copy line 9c here → \$1,114.00

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** _____

Explain why: _____

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
☒ 1. Go to line 12.
☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. \$244.00

Debtor 1 **Cynthia** **Cole** **Wiley-Smith** Case number (if known) _____
 First Name Middle Name Last Name

- 17. Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$0.00
 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
- 18. Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. \$10.00
 Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.
- 19. Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$0.00
 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
- 20. Education:** The total monthly amount that you pay for education that is either required: \$0.00
 ■ as a condition for your job, or
 ■ for your physically or mentally challenged dependent child if no public education is available for similar services.
- 21. Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$0.00
 Do not include payments for any elementary or secondary school education.
- 22. Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$0.00
 Payments for health insurance or health savings accounts should be listed only in line 25.
- 23. Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$0.00
 Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted.
- 24. Add all of the expenses allowed under the IRS expense allowances.** \$4,513.00
 Add lines 6 through 23.

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

- 25. Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- | | | |
|------------------------|---------------|--|
| Health insurance | <u>\$0.00</u> | |
| Disability insurance | <u>\$0.00</u> | |
| Health savings account | <u>\$0.00</u> | |
| | + | |
| Total | <u>\$0.00</u> | |
- Copy total here → \$0.00
- Do you actually spend this total amount?
- ☐ No. How much do you actually spend? _____
- ☒ Yes
- 26. Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$0.00
- 27. Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. \$0.00

Debtor 1 **Cynthia** **Cole** **Wiley-Smith** Case number (if known) _____
 First Name Middle Name Last Name

28. Additional home energy costs. Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8. _____

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. **\$312.00**

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. _____

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). **\$0.00**

Do not include any amount more than 15% of your gross monthly income.

32. Add all of the additional expense deductions. **\$312.00**
 Add lines 25 through 31.

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

	Average monthly payment
Mortgages on your home	
33a. Copy line 9b here.....→	\$0.00
Loans on your first two vehicles	
33b. Copy line 13b here.....→	\$0.00
33c. Copy line 13e here.....→	\$0.00

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
33d. _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
33e. _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
33f. _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	+ _____
33f. Total average monthly payment. Add lines 33a through 33f.....			\$0.00

Copy total here → **\$0.00**

Debtor 1 **Cynthia** **Cole** **Wiley-Smith** Case number (if known) _____
 First Name Middle Name Last Name

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- ☒ No. Go to line 35.
☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	_____	÷ 60 = _____
_____	_____	_____	÷ 60 = _____
_____	_____	_____	÷ 60 = + _____
Total			<div style="border: 1px solid black; padding: 2px;">\$0.00</div> Copy total here → <div style="border: 1px solid black; padding: 2px;">\$0.00</div>

35. Do you owe any priority claims such as a priority tax, child support, or alimony -- that are past due as of the filing date of your bankruptcy case?
 11 U.S.C. § 507.

- ☒ No. Go to line 36.
☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims..... ÷ 60 =

\$0.00

36. Projected monthly Chapter 13 plan payment

\$940.83

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

x 6.5 %

Average monthly administrative expense

\$61.15

Copy total here →

\$61.15

37. Add all of the deductions for debt payment.
 Add lines 33g through 36.

\$61.15

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances.....

\$4,513.00

Copy line 32, All of the additional expense deductions.....

\$312.00

Copy line 37, All of the deductions for debt payment..... +

\$61.15

Total deductions

\$4,886.15

Copy total here →

\$4,886.15

Debtor 1 **Cynthia** **Cole** **Wiley-Smith** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13
 Statement of Your Current Monthly Income and Calculation of Commitment Period. \$7,558.26

40. Fill in any reasonably necessary income you receive for support of dependent children.

The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part 1 of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. _____

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$0.00

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). \$4,886.15
 Copy line 38 here..... →

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
------------------------------------	-------------------

43a. _____

43b. _____

43c. _____ + _____

43d. Total. Add lines 43a through 43c..... \$0.00 Copy 43d here → + \$0.00

44. Total adjustments. Add lines 40 through 43d..... → \$4,886.15 Copy total here → - \$4,886.15

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.

\$2,672.11

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	

Debtor 1 Cynthia Cole Wiley-Smith Case number (if known) _____
First Name Middle Name Last Name

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Cynthia Cole Wiley-Smith
Cynthia Cole Wiley-Smith

Date 1/22/2015
MM / DD / YYYY

X _____
Signature of Debtor 2

Date _____
MM / DD / YYYY